

Received  
3/14/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  02/28/2008
NAME OF PROVIDER OR SUPPLIER  NCC			STREET ADDRESS, CITY, STATE, ZIP CODE 6809 9TH ST, NW WASHINGTON, DC 20012		
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I 000	INITIAL COMMENTS  An annual relicensure survey was conducted from February 27, 2008 through February 28, 2008. A random sample of three residents was selected from a residential population of five males residents with mental retardation and other disabilities. The survey findings were based on observations in the group home, interviews and a review of records, including incident reports.	I 000			
I 056	3502.14 MEAL SERVICE / DINING AREAS  Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that a certified food handler was available on site during the preparation and serving of every meal.  The finding includes:  Observation on February 27, 2008 at approximately 5:56 PM revealed staff placing cooked hot dogs on a bun. At 6:30 PM residents were observed eating dinner. The meal consisted on hot dogs with a bun, macaroni and cheese, and salad.  Interview with the Program Coordinator on February 28, 2008 and review of the personnel records on February 27, 2008 and February 28, 2008 failed to provide evidence of a certified food handler.	I 056	I056 NCC will have all staff retrained and recertified in food handling.	5/1/08	

Health Regulation Administration

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(X6) DATE

STATE FORM

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1082	Continued From page 1	1082			
1082	3503.10 BEDROOMS AND BATHROOMS  Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.  This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure bathrooms each bathroom was equipped with a paper towel dispenser.  The finding includes:  Observations of the GHMRP's environment and interview with the House Manager on February 28, 2008 revealed a roll of paper towel on the area behind the toilet in the bathroom located in Resident #1's bedroom. The paper towel dispenser in the bathroom was observed to be missing the bar that holds the paper towel.	1082	I082 The paper towel dispenser will be repaired/replaced.	4/1/08	
1090	3504.1 HOUSEKEEPING  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.  This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a orderly, attractive and sanitary manner.  The findings include:	1090			

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I 090	Continued From page 2  Observation and interview with the House Manager during the environmental walkthrough on February 28, 2008 revealed the following:  There were carpet stains observed on the carpet located in the living room. Additionally, there were several discolorations on the carpet located on the area above the stairwell near the kitchen, beneath the window located in the living room and on the interior front stairwells. Interview with the House Manager revealed the discolorations were caused by bleach.	I 090	I090 The carpet will be repaired/replaced.	5/1/08	
I 161	3507.2 POLICIES AND PROCEDURES  The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that its governing body reviewed its policies and procedures annually.  The finding includes:  Interview with the Program Coordinator and review of the policy and procedure manual on February 28, 2008 failed to provide evidence that the agency's policy manual had not been reviewed and approved by the governing annually as required.	I 161	I161 The Chief Executive Officer (CEO) has reviewed and signed the agencies policy and procedure manual. The CEO will review and sign these policies and procedure every January.	3/15/08	
I 186	3508.5(c) ADMINISTRATIVE SUPPORT  Each GHMRP shall have an organization chart that shows the following:	I 186			

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I 186	Continued From page 3  (c) The categories and numbers of supportive and direct care staff; and...  This Statute is not met as evidenced by: Based on interview and review of the policy and procedures manual, the GHMRP failed to provide evidence of an organizational chart that depicted the categories and numbers of supportive and direct care staff.  The finding includes:  Interview with the Program Coordinator on February 28, 2008 and review of the GHMRP's policy and procedure manual on February 27, 2008 and February 28, 2008 revealed that the organization chart failed to list the categories and numbers of supportive and direct care staff.	I 186	I186 NCC has revised the Organizational Chart to include categories and number of direct care staff.	3/15/08	
I 203	3509.3 PERSONNEL POLICIES  Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter.  The finding includes:  Interview with the Compliance Specialist and review of the personnel records on February 27, 2008 at 1:31 PM revealed the GHMRP failed to provide evidence that seven nurses had the contents of their job descriptions discussed with	I 203	I203 NCC will obtain signed job descriptions for all staff.	4/1/08	

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I 203	Continued From page 4  them at the beginning of their employment and/or annually thereafter.	I 203			
I 206	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties.  The finding includes:  Interview with the Compliance Specialist and review of the personnel records on February 27, 2008 and February 28, 2008 beginning at 1:31 PM revealed the GHMRP failed to provide evidence that current health certificates were on file for two consultants, seven nurses and six staff.	I 206	I206 NCC will obtain health certificates for all staff and consultants.	5/1/08	
I 227	3510.5(d) STAFF TRAINING  Each training program shall include, but not be limited to, the following:	I 227			

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1227	Continued From page 5  (c) Infection control for staff and residents:  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence that all staff, including nurses, had current certification in Cardiopulmonary Resuscitation (CPR) and/or First Aid.  The finding includes:  Interview with the Program Coordinator and Compliance Specialist and review of the GHMRP's personnel files on February 28, 2008, revealed the GHMRP failed to provide evidence of current CPR certification for three nurses and six staff. Additionally, the GHMRP failed to provide evidence of current First Aid certification for four staff.	1227			
1260	3512.1 RECORDKEEPING: GENERAL PROVISIONS  Each Residence Director shall maintain current and accurate records and reports as required by this section.  This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to maintain each residents' records, for one of the five residents (Resident #4) in the facility.  The finding includes:  Interview with the residential nurse on February 27, 2008 at 12:49 PM revealed Resident #4 was observed to have a large amount of bleeding from a hemorrhoid in February 2008. According	1260	1227 All staff will be trained in CPR, First Aid, and infection control.	5/1/08	

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I 260	<p>Continued From page 6</p> <p>to the nurse, the episode of bleeding occurred while Resident #4 was visiting Resident #5 in the hospital. The nurse explained that staff informed the nurse of the bleeding via telephone and the nurse subsequently informed Resident #4's Primary Care Physician (PCP). The PCP instructed the nurse to have the resident taken to the emergency room in the hospital. Continued discussion with the nurse revealed that the nursing staff at the hospital assisted Resident #4 with the bleeding and the bleeding stopped. There was no documentation that indicated the services provided to Resident #4 by the nursing staff at the hospital.</p> <p>Further discussion with the residential nurse and interview with the Program Coordinator on February 28, 2008, revealed that the resident was not seen at the emergency room as directed by the PCP. Additionally, there was no evidence that the incident was documented by the nurse in Resident #4's record, including the instructions given by the PCP. At the time of the survey, the GHMRP failed to ensure relevant information was maintained in Resident #4's record.</p>	I 260	<p><b>I260</b></p> <p>Resident #4 was visiting Resident # 5 at the hospital where he had an episode of rectal bleeding due to his hemorrhoids which is a current diagnosis for him and does receive treatment at home when such occurs, which our staff did provide him at that time. No assistance was needed or given by hospital staff , and definitely there was no need for emergency room visit. Training on proper reporting, follow-up, and documentation to be done by 4/12/08 .</p>	4/12/08	
I 271	<p><b>3513.1(b) ADMINISTRATIVE RECORDS</b></p> <p>Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records:</p> <p>(b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all staffs personnel records.</p>	I 271			

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I 271	Continued From page 7  The finding includes:  Interview with the Program Coordinator on February 28, 2008 and review of the GHMRP's personnel files on February 27, 2008 and February 28, 2008, the facility failed to provide evidence of personnel records for the Program Coordinator and the Primary Care Physician.	I 271	I271 NCC has obtained personnel records for both identified staff.	3/15/08	
I 274	3513.1(e) ADMINISTRATIVE RECORDS  Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records:  (e) Signed agreements or contracts for professional services;  This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded (GHMRP) failed to provide evidence of contracts with each of their consultants.  The finding includes:  Interview with the Program Coordinator on February 28, 2008 and review of the GHMRP's personnel files on February 27, 2008 and February 28, 2008 revealed the GHMRP failed to provide evidence of a contract on file for the dietitian.	I 274	I274 NCC has obtained consulting contract from guest services for the Nutritionist.	3/15/08	
I 379	3519.10 EMERGENCIES  In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other	I 379			



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I 379	<p>Continued From page 8</p> <p>unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the Department of Health, Health Facilities Division was immediately notified, followed by written notification within 24 hours, of unusual incidents that substantially interfered with a resident's health, for one of the five residents (Resident #5) that resided in the facility.</p> <p>The finding includes:</p> <p>Review of the GHMRP's incident reports and investigations on February 27, 2008 beginning at 2:57 PM, revealed the facility failed to provide evidence that the Department of Health was notified of the following incident (within 24 hours) as required:</p> <p>- On February 14, 2008, staff documented that Resident #5 complained of chest and stomach pain. The resident was subsequently to the emergency room for evaluation. Resident #5 was hospitalized from February 14, 2008 through February 25, 2008 with a diagnosis of gastritis.</p> <p>Interview with both the Compliance Specialist (on February 27, 2008) and the Program Coordinator (on February 28, 2008) and further review of the incident report failed to provide evidence that the</p>	I 379	<p>I379 NCC faxed the identified incident to DOH on 2/15/08. (See attachment #1)</p>	2/15/08	

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1379	Continued From page 9  Department of Health was notified of the aforementioned incident.	1379			
1473	3522.4 MEDICATIONS  The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.  This Statute is not met as evidenced by: Based on observation, interview, and record review, the GHMRP failed to provide evidence the Residence Director reported irregularities in the residents' drug regimens to the prescribing physician, for one of the five residents (Resident #5) that resided in the facility.  The finding includes:  Observation of the evening medication administration on February 27, 2008 at 6:12 PM revealed the nurse assisted Resident #5 with his medication. The resident was observed to take medications including Lisinopril 20 mg.  Review of Resident #5's medication administration record on February 28, 2008 revealed the the aforementioned medication was scheduled to be administered at 8:00 PM. Interview with the Registered Nurse on February 28, 2008 revealed that the medication could have been given one hour before or one hour after the scheduled time. Further discussion with the nurse revealed that the administration of the Lisinopril at 6:12 PM constituted a medication error. At the time of the survey, the GHMRP failed to provide evidence that medication error was reported to the prescribing physician.	1473	I473  The Nurse that administered medications on the mentioned date is no longer at NCC. Training on administration of medication administration will be done for all Nurses by 4/12/08	4/12/08	

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R 000	INITIAL COMMENTS  An annual relicensure survey was conducted from February 27, 2008 through February 28, 2008. A random sample of three residents was selected from a residential population of five males residents with mental retardation and other disabilities. The survey findings were based on observations in the group home, interviews and a review of records, including incident reports.	R 000			
R 122	4701.2 BACKGROUND CHECK REQUIREMENT  Except as provided in section 4701.6, each facility shall obtain a criminal background check, and shall either obtain or conduct a check of the District of Columbia Nurse Aide Abuse Registry, before employing or using the contract services of an unlicensed person.  This Statute is not met as evidenced by: Based on interview and the review of records, the GHMRP failed to ensure criminal background checks had been obtained before employing or using the contract services of an unlicensed person.  The finding includes:  Interview with the Program Coordinator and review of the personnel records on February 28, 2007 revealed that the GHMRP failed to provide evidence that criminal background checks were obtained prior to employing and using the services of the Program Coordinator and one direct care staff.	R 122			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT  The criminal background check shall disclose the criminal history of the prospective employee or	R 125	R122 NCC has obtained criminal background checks for the two identified staff.	4/1/08	

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R 125	<p>Continued From page 1</p> <p>contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker had worked or resided within the seven (7) years prior to the check.</p> <p>The finding includes:</p> <p>Interview with the Program Coordinator and review of the personnel records on February 28, 2008, revealed that the GHMRP failed to provide evidence that criminal background checks were on file and disclosed a seven year history of all the jurisdictions where the employee resided and worked for four staff.</p>	R 125	<p>R125</p> <p>NCC utilizing Choice point for the criminal background checks. This agency reviews seven years of background history in all jurisdiction resided during that time. (See attachment #2)</p>	3/15/08	